



Department
of Health

Transfer of 0-5 children's public health commissioning to local authorities

Overview 3: Changes to how 0-5 services are commissioned

From 1 October 2015 the responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to local authorities:

- [The 0-5 Healthy Child Programme](#) includes health visiting services and Family Nurse Partnership services (targeted service for teenage mothers). Health visiting services include the 4,5,6 service model as set out in Overview 2: Health Visiting and Family Nurse Partnership¹

After October 2015, NHS area teams will no longer have the responsibility to lead on commissioning the above services, though it will remain important that they continue to work closely with local authorities.

The following commissioning responsibilities will not transfer to local authorities:

- Child Health Information Systems, to be reviewed in 2020; and
- The 6-8 week GP check (also known as the Child Health Surveillance).

Benefits of the change to how services will be commissioned

Local authorities know their communities and understand local need so can commission the most vital services to improve local children's health and wellbeing. One of the benefits of councils commissioning health visitor services is that it offers opportunities to link with wider systems, such as housing, early years education providers and to enable the integration of children's services. This in turn will provide a more joined-up, cost effective service built around the individual needs, paving the way to deliver across a wider range of public health issues.

Local authorities understand the huge impact that primary prevention, early identification of need and early intervention have on ensuring positive outcomes for young children and families. Public health services play a key role in ensuring that needs are identified in a timely way and families are supported to access the services they need. Thus this brings the opportunity for Health visiting services to be a part of an integrated, seamless approach for local people.

¹ Overview 2: Health Visiting and Family Nurse Partnership can be found here: <https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

Local authorities are already responsible for commissioning public health services and other services for children aged 5-19. Public health responsibility was successfully transferred from NHS England to local authorities in 2013. This final stage of commissioning transfer enables local authorities to commission public health services from 0yrs through to 19 years.

Funding for services

The transfer of commissioning responsibilities from NHS England will include funding for 0-5 public health services. Funding for the 0-5 budget will sit within the overall ring-fenced public health budget. Further information is in the DH Finance Factsheet which can be found [here](#).

The proposed funding allocations for local authorities for the commissioning of children's 0-5 public health services from 1 October 2015 to 31 March 2016 is set out in the Baseline agreement. You can find further information regarding the Baseline Agreement which can be found [here](#).

Requirements for local government

Mandation

Some elements of the 0 – 5 children's public health services need to be delivered in the context of a national, standard format to ensure consistent delivery. The key elements are: antenatal health visits, the new baby review, 6-8 week assessments, the one year assessment and the 2 to 2.5 year review.

Local authorities have flexibility to ensure that in the context of local need, these universal services support: early intervention, community development and complex care packages.

The smooth transfer of these services to local authorities is an important step to reduce health inequalities through the provision of high quality care for every child and their family.

Subject to Parliamentary approval, the mandate requirement for LAs will begin 1 October this year (2015), the intention is that the arrangement will cease 30 March 2017. A review at twelve months, involving PHE will inform future commissioning arrangements.

Further information is available in the DH Mandation factsheet which can be found [here](#).

Support for local authorities

Work is underway to ensure local authorities are well prepared to take on their new commissioning role and understand the leadership role of health visitors, the new service model for health visiting and the Healthy Child Programme (0-5). Jointly published material will provide advice and guidance to local authorities and health visitors.

At a national level, the Department of Health (DH), NHS England, Public Health England (PHE) and Health Education England (HEE) are working with key partners, including the Local Government Association (LGA), SOLACE, ADCS and ADPH to ensure a smooth transition.

There is extensive engagement at both national and local level between the NHS and local authorities to achieve this, including encouraging a period of joint commissioning and building on existing joint work, including the commissioning 5-19yrs Health Child Programme delivered by school nursing services. Directors of Public Health, the local leads for public health commissioning, and their teams are already working in local authorities and will have a good understanding of the role of health visitors.

Presentations from recent LGA events to support the transfer are available [here](#).

Further information regarding the data and information will be published shortly.